

**This is an official  
MS Health Alert Network (HAN) Advisory**

**MESSAGE ID:** MSHAN-20140503-00361-ADV (Health Advisory)  
**RECIPIENTS:** All Physicians, Hospitals, and Health care Providers - Statewide  
**DATE:** Saturday, May 03, 2014

***SUBJECT: Confirmed Middle East Respiratory Syndrome Coronavirus  
(MERS-CoV) Case in Indiana, 2014***

Dear Colleagues:

*CDC is reporting the first case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection in the United States in a recent traveler from Saudi Arabia. MERS-CoV is a respiratory virus with a high mortality rate among confirmed cases. The patient is currently hospitalized in Indiana after having flown from Saudi Arabia to Chicago via London and then travelling from Chicago to Indiana by bus. Although no airline passengers with the case were from Mississippi, co-travelers on the bus have yet to be fully identified.*

*The Mississippi State Department of Health (MSDH) is requesting notification of any cases of severe acute lower respiratory illness in individuals with:*

- *Travel in or near the Arabian Peninsula in the past 14 days;*
- *Close contact to symptomatic travelers from this area;*
- *Or contact to a confirmed case.*

*Additional information and guidelines for infection control practices for suspected MERS-CoV are provided in the full CDC message below. Notifications can be made to MSDH at 601 576-7725 or after hours at 601 576-7400.*

*Sincerely,*

*Thomas Dobbs, MD, MPH  
State Epidemiologist  
Mississippi State Department of Health*

***This message is being distributed to you via the Mississippi State Department of Health  
- Health Alert Network (✉ [HANhelp@msdh.state.ms.us](mailto:HANhelp@msdh.state.ms.us) ☎ 601-576-7725)***

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## **This is an official CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network  
May 3, 2014, 16:30 (4:30 PM ET)  
CDCHAN-00361

### **Confirmed Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Case in Indiana, 2014**

#### **Summary:**

*The first case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection in the United States, identified in a traveler, was reported to CDC by the Indiana State Department of Health (ISDH) on May 1, 2014, and confirmed by CDC on May 2. The patient is in a hospital in Indiana after having flown from Saudi Arabia to Chicago via London. The purpose of this HAN is to alert clinicians, health officials, and others to increase their index of suspicion to consider MERS-CoV infection in travelers from the Arabian Peninsula and neighboring countries. Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection preventionists, as well as to emergency departments and microbiology laboratories.*

#### **Background:**

The first known cases of MERS-CoV occurred in Jordan in April 2012. The virus is associated with respiratory illness and high death rates, although mild and asymptomatic infections have been reported too. All reported cases to date have been linked to six countries in the Arabian Peninsula: Saudi Arabia, Qatar, Jordan, the United Arab Emirates (UAE), Oman, and Kuwait. Cases in the United Kingdom, France, Italy, Greece, Tunisia, Egypt, and Malaysia have also been reported in persons who traveled from the Arabian Peninsula. In addition, there have been a small number of cases in persons who were in close contact with those infected travelers. Since mid-March 2014, there has been an increase in cases reported from Saudi Arabia and UAE. Public health investigations are ongoing to determine the reason for the increased cases. There is no vaccine yet available and no specific treatment recommended for the virus. In some cases, the virus has spread from infected people to others through close contact. However, there is currently no evidence of sustained spread of MERS-CoV in community settings. Additional information is available at (<http://www.cdc.gov/coronavirus/mers/index.html>).

#### **Recommendations:**

Healthcare providers should be alert for and evaluate patients for MERS-CoV infection who 1) develop severe acute lower respiratory illness within 14 days after traveling from countries in or near the Arabian Peninsula, excluding those who only transited at airports in the region; or 2) are close contacts of a symptomatic recent traveler from this area who has fever and acute respiratory illness; or 3) are close

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contacts of a confirmed case. For these patients, testing for MERS-CoV and other respiratory pathogens can be done simultaneously. Positive results for another respiratory pathogen (e.g H1N1 Influenza) should not necessarily preclude testing for MERS-CoV because co-infection can occur. Clusters of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) without recognized links to cases of MERS-CoV or to travelers from countries in or near the Arabian peninsula should be evaluated for common respiratory pathogens. If the illnesses remain unexplained, providers should consider testing for MERS-CoV, in consultation with state and local health departments. Healthcare professionals should immediately report to their state or local health department any person being evaluated for MERS-CoV infection as a patient under investigation (PUI). Additional information, including criteria for PUI are at <http://www.cdc.gov/coronavirus/mers/interim-guidance.html>. Healthcare providers should contact their state or local health department if they have any questions.

Persons at highest risk of developing infection are those with close contact to a case, defined as any person who provided care for a patient, including a healthcare provider or family member not adhering to recommended infection control precautions (i.e., not wearing recommended personal protective equipment), or had similarly close physical contact; or any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill.

Healthcare professionals should carefully monitor for the appearance of fever ( $T > 100^{\circ}\text{F}$ ) or respiratory symptoms in any person who has had close contact with a confirmed case, probable case, or a PUI while the person was ill. If fever or respiratory symptoms develop within the first 14 days following the contact, the individual should be evaluated for MERS-CoV infection. Ill people who are being evaluated for MERS-CoV infection and do not require hospitalization for medical reasons may be cared for and isolated in their home. (Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.). Providers should contact their state or local health department to determine whether home isolation, home quarantine or additional guidance is indicated since recommendations may be modified as more data becomes available. Additional information on home care and isolation guidance is available at <http://www.cdc.gov/coronavirus/mers/hcp/home-care.html>. Healthcare providers should adhere to recommended infection-control measures, including standard, contact, and airborne precautions, while managing symptomatic contacts and patients who are persons under investigation or who have probable or confirmed MERS-CoV infections. For CDC guidance on MERS-CoV infection control in healthcare settings, see Interim Infection Prevention and Control Recommendations for Hospitalized Patients with MERS-CoV at <http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>.

For suspected MERS-CoV cases, healthcare providers should collect the following specimens for submission to CDC or the appropriate state public health laboratory: nasopharyngeal swab, oropharyngeal swab (which can be placed in the same tube of viral transport medium), sputum, serum, and stool/rectal swab. Recommended infection control precautions should be utilized when collecting specimens. Specimens can be sent using category B shipping containers. Providers should notify their state or local health departments if they suspect MERS-CoV infection in a person. State or local health departments should notify CDC if MERS-CoV infection in a person is suspected. Additional information is available at <http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>.

Additional or modified recommendations may be forthcoming as the investigation proceeds.

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**For more Information:**

For more information, for consultation, or to report possible cases, please contact the CDC Emergency Operations Center at (770) 488-7100.

*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

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**Categories of Health Alert Network messages:**

**Health Alert:** Requires immediate action or attention; highest level of importance

**Health Advisory:** May not require immediate action; provides important information for a specific incident or situation

**Health Update:** Unlikely to require immediate action; provides updated information regarding an incident or situation

**HAN Info Service:** Does not require immediate action; provides general public health information

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### *Alerting Message Specification Settings*

**Originating Agency:** Mississippi State Department of Health  
**Alerting Program:** MS Health Alert Network (MS HAN)  
**Message Identifier:** MSHAN-20140503-00361-ADV  
**Program (HAN) Type:** Health Advisory  
**Status (Type):** Actual ()  
**Message Type:** Alert  
**Reference:** CDCHAN-00361  
**Severity:** Unknown  
**Acknowledgement:** No  
**Sensitive:** Not Sensitive  
**Message Expiration:** Undetermined  
**Urgency:** Undetermined  
**Delivery Time:** 600 minutes

### *Definition of Alerting Vocabulary and Message Specification Settings*

**Originating Agency:** A unique identifier for the agency originating the alert.  
**Alerting Program:** The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.  
**Message Identifier:** A unique alert identifier that is generated upon alert activation (MSHAN-yyymmdd-hhmm-TTT (**ALT=Health Alert**, **ADV=Health Advisory**, **UPD=Health Update**, **MSG/INFO=Message/Info Service**)).  
**Program (HAN) Type:** Categories of Health Alert Messages.  
**Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.  
**Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action.  
**Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.  
**Health Info Service:** Provides Message / Notification of general public health information; unlikely to require immediate action.  
**Status (Type):**  
     Actual: Communication or alert refers to a live event  
     Exercise: Designated recipients must respond to the communication or alert

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Test: Communication or alert is related to a technical, system test and should be disregarded

**Message Type:**

Alert: Indicates an original Alert  
 Update: Indicates prior alert has been Updated and/or superseded  
 Cancel: Indicates prior alert has been cancelled  
 Error: Indicates prior alert has been retracted

**Reference:** For a communication or alert with a Message Type of “Update” or “Cancel”, this attribute contains the unique Message Identifier of the original communication or alert being updated or cancelled. “n/a” = Not Applicable.

**Severity:**

Extreme: Extraordinary threat to life or property  
 Severe: Significant threat to life or property  
 Moderate: Possible threat to life or property  
 Minor: Minimal threat to life or property  
 Unknown: Unknown threat to life or property

**Acknowledgement:** Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required (Yes or No).

**Sensitive:**

Sensitive: Indicates the alert contains sensitive content  
 Not Sensitive: Indicates non-sensitive content

**Message Expiration:** Undetermined.

**Urgency:** Undetermined. Responsive action should be taken immediately.

**Delivery Time:** Indicates the timeframe for delivery of the alert (15, 60, 1440, 4320 minutes (.25, 1, 24, 72 hours)).

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